MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/553106	
APPLICANT(S)	

AFTER

2 MAMENDMENT

DEP.

CLAIMS

							CLITTIN	10						_
	AS F	FILED	AFTER 14 AMENDMENT		AFTER 2 ml AMENDMENT			AS FILED		AFTER 1*AMENDMENT		AFT 2 wamen		
	IND.	DEP.	IND.		IND.	DEP.	1		IND.	DEP.	IND.		IND.	T
1	1						1	51	1 2.	7	11,12	221		t
2		/					1	52		/				I
3		//					1	53		7				1
4		1					4	54	ļ					1
5	 	 /- , 					4	55	 	ļ <i>I</i> .,	<u> </u>			+
7	 -	 		<u> </u>			┨	56 57	 	,				$^{+}$
8	 	1					1	58	 	/ / 				t
9	<u> </u>	1					1	59	 	1				t
10		1					1	60		1				Ì
11]	61						1
12	<u> </u>	 					1	62	•				ļ	1
13 14	 	 /- /- 					Į.	63		<i>1</i>			ļ	+
15	 	 				-	╣	64	 	, _	-		<u> </u>	t
16	 	7						66	 	-/-,-				t
17		7					1	67	 	./ :				t
18							1	68		7				t
19	· · · · · · · · · · · · · · · · · · ·	1					I	69		7 '				Ι
20							1	70						1
21 22	 	1					ł	71	-				 	Ŧ
23		7					1	72 73		- , - 				╁
24	ļ~	1					1	74		' ,				t
25		1					1	75						t
26							j	76		1				Ī
27		<u>'</u>]	77						I
28 29		- "						78		/			ļ	ļ
30		'', '		·				79 80						╀
31		1						81		1			<u> </u>	t
32								82		7				t
33								83		7				T
34		, /						84		\mathcal{T}				I
35 36							•	85						Ļ
37		7 '						86		1				ł
38		`-7						87 88	-	1				ł
39								89	 	1 1.				t
40								90		1				T
41								91						Γ
42	 							92						Ĺ
43		┵┼╂						93					<u></u>	ŀ
45		, 1 						94					<u> </u>	╀
46		╅		,				95 96						H
47						-	İ	97						t
48								98						T
49		1					Ì	99						Γ
50 TOTAL								100						Ĺ
IND.		41		1	1	1		TOTAL IND.	3			1		l
TOTAL DEP.	· ·			∡ l			ŀ	TOTAL	88	_		_		I
TOTAL			Į.	\$5.000	1	Jacob .	}	DEP. TOTAL						
CLAIMS						3 - 8 - 4 - 1		CLAIMS	91					